

COMMONWEALTH OF MASSACHUSETTS

TOWN OF WALPOLE

TRAVEL EXPENSES REIMBURSEMENT REQUEST

DEPARTMENT: _____

TRAVEL/TRIP INFORMATION

Date of Trip: _____

From _____ Thru _____

Destination: _____

Mode of Transportation: _____

Air _____ Vehicle(Town _____ Personal _____)

Other(specify) _____

FUNDING INFORMATION

Budget: _____

Line Item #: _____

Total Amount Requested: \$ _____

For: Meals _____ Tolls _____

Fuel _____ Parking _____

Other(specify) _____

NAMES OF TRAVELERS

TITLES

LIST ALL RECEIPTS INDIVIDUALLY

DEPARTMENT HEAD AUTHORIZATION

I hereby grant authorization for the above named individual(s) to receive reimbursement for expenses incurred during approved business related travel in the performance of official duties, and further do hereby certify that sufficient funds are available in the above mentioned budget & line item for this expenditure.

SIGNED: _____

(AUTHORIZED DEPARTMENT HEAD)

DATE: _____

TOWN ADMINISTRATOR ACTION

This Request is Hereby:

Approved: _____

Disapproved: _____ Reason: _____

SIGNED: _____

(TOWN ADMINISTRATOR)

DATE: _____

ATTACH ALL RECEIPTS FOR REIMBURSEMENT

(form 208-2)